

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

9412
2895

Registrar's No.

Registration District No.

791

Primary Registration District No.

1003

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4606 Richards Pl
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Florence M. Johnson8. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex Female 5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
John C. Johnson6. (c) Age of husband or wife if
alive 80 years7. Birth date of deceased March 22nd, 1863
(Month) (Day) (Year)8. AGE: Years 77 Months 0 Days 6
If less than one day _____ hr. _____ min.9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Porter Bilderback13. Birthplace Penn
(City, town, or county) (State or foreign country)14. Maiden name Martha Stafford
15. Birthplace Illinois
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John O. Johnson(b) Address 4447 Penrose St.17. (a) Burial (b) Date thereof 3-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Lebanon Cemetery18. (a) Signature of funeral director Drehmann Harral(b) Address 1905 Union Blvd.19. (a) MAR 28 1940
(Date received local registrar)(b) J. E. Brink
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4606 Richards Pl
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1940 hour 3 minute 05 A. M.21. I hereby certify that I attended the deceased from
May 1938 to March 28 1940
that I last saw her alive on March 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral
Arteriosclerosis 3420Due to Hypertension ?

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(e) Means of injury _____23. Signature R. M. Cleavin (M. D. or other) MD
Address 1356 Marne Date signed 3/28/40

4356 Obama
11-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.